

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

96 SEP 23 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056215

1. Corporation Name

PHYSICIAN'S CLEANING SERVICE, INC.

900001905119  
-10/04/96--01049--015  
\*\*\*\*383.75 \*\*\*\*383.75

Principal Place of Business

Mailing Address

Pinardi, Robert  
12104 Cypress Hollow Pl.  
Tampa, FL 33624

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

207 FOREST PARK AVE  
Suite, Apt. #, etc.

PO Box 16732  
Suite, Apt. #, etc.

City & State

City & State

TEMPLE TERRACE FL  
Zip 33617

HILLS  
Country

TDA, FL 33687  
Zip 33687

HILLSBOROUGH  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-19-95

5. FEI Number

264113672

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTSD	RANDOLPH W BATT	207 FOREST PARK AVE	TEMPLE TERRACE, FL 33617
<p>*Delete*</p> <p>(PTD PINARDI, ROBERT A)</p>			

8. Name and Address of Current Registered Agent

BOB PINARDI  
12104 CYPRESS HOLLOW PLACE  
TAMPA, FL 33624

9. Name and Address of New Registered Agent

Name RANDOLPH W. BATT  
Street Address (P.O. Box Number is Not Acceptable)  
207 FOREST PARK AVE  
Suite, Apt. #, Etc.  
City TEMPLE TERRACE  
State FL Zip Code 33617

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Randolph W. Batt  
REGISTERED AGENT MUST SIGN

Date

9-20-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Randolph W. Batt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)